



# ONTARIO CANADA SOIL SUBMITTAL FORM

## SUBMISSION INFORMATION

Submitted By:			
Address:			
City:	Province:		
Postal Code:	Phone:		
Email:			
Account #:	Date Sampled:		

## CLIENT INFORMATION

Client Name:				
Address:				
City:	Province:	Ontario	Postal Code:	
Phone:	Email:			
Grower Code:	Farm:			
Copy of Report to:				

## SAMPLE INFORMATION

Sample Number (Max 6 Digits)	Test Packages								Complete For Recommendations							Lab Use Only
	Basic S1B	Comp S1B + S7	S2	S3	S4	S5	S6	Other Tests	Previous Crop	Intended Crop	Yield Goal	Units	Alternate Crop	Yield Goal	Units	

## EXPLANATION OF TEST PACKAGES

<b>S1B</b>	Basic Analysis - Organic Matter, Bicarb P and Bray P, Exchangeable K, Mg, Ca, Sodium, Al, Soil pH, Buffer pH, CEC, % Base Saturation of Cations, %P
<b>S1B + S7</b>	Complete Analysis - Organic Matter, Bicarb P and Bray P, Exchangeable K, Mg, Ca, S, Zn, Mn, Fe, Cu, B, Sodium, Al, Soil pH, Buffer pH, CEC, % Base Saturation of Cations, %P
<b>S2</b>	Zn, Mn
<b>S3</b>	Zn, S
<b>S4</b>	Zn, Mn, B
<b>S5</b>	Zn, Mn, Fe, Cu
<b>S6</b>	Zn, Mn, Fe, Cu, B

## ADDITIONAL INFORMATION

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